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FEC FORM 2

STATEMENT OF CANDIDACY

| _ | | | | | | | | | | |
|---|--|-------------------------------|------------------------|-------|-----------------|--|------------|------|---------|--|
| 1. | (a) Name of Candidate (in full) | | | | | | | | | |
| | WESTBROOK, BRIANNA, , , (b) Address (number and street) | ☐ Check if address changed | | | | 2. Candidate's FEC Identification Number | | | | |
| | 11805 W. MONTANA DE ORO | Li Crieck ii address crianged | | | | H8AZ08059 | | | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This | | ew | Amended | |
| | SUN CITY | AZ 85373 | | | | Staten | , |) OR | (A) | |
| 4. | | 5. Office Sou | | | 6. State & Dist | trict of Candid | date | | | |
| | DEMOCRATIC PARTY | House | | | AZ | 06 | | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | | |
| 7. | . I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election) | | | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | |
| Brianna Westbrook for Congress | | | | | | | | | | |
| (b) Address (number and street) | | | | | | | | | | |
| | 11805 w. montana de oro | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | |
| | Sun City | | | | AZ | 85373 | 3 | | | |
| | | | | | | | | | | |
| DESIGNATION OF OTHER AUTHORIZED COMMITTEES | | | | | | | | | | |
| (Including Joint Fundraising Representatives) | | | | | | | | | | |
| 8. | 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my | | | | | | | | | |
| | candidacy. | | , | 71 -1 | 1.0 | , , , , | | | , | |
| | NOTE: This designation should be filed with the principal campaign committee. | | | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | |
| | | | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | | |
| (b) Address (number and street) | | | | | | | | | | |
| | | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. | | | | | | | | | | |
| Signature of Candidate Date | | | | | | | | | | |
| W | YESTBROOK, BRIANNA, , , | | [Electronically Filed] | | | | 03/07/2017 | | | |
| | | | | | | | | | | |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. | | | | | | | | | | |
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FEC FORM 2 (REV. 02/2009)

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Form/Schedule: F2N Transaction ID:

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Form/Schedule: Transaction ID: